Form No: _____

Kentucky Department of Insurance

Health Product Review

Provider Agreements (Health Benefit Plans) Checklist

(Checklist must be submitted with filing – attach as a PDF if filing electronically via SERFF)

Statute/Rule	Description	Yes	No	N/A	Page #
General Requirements					
KRS 304.14-120 806 KAR 14:007	**Filing Requirements** – All provider agreements, subcontract agreements, and risk-sharing arrangement filings must comply with this statute and regulation.				
KRS 304.4-010 806 KAR 4:010(25)(26)(27)	**Filing Fees** – All provider agreements, subcontract agreements, and risk-sharing arrangement filings must submit the appropriate fee as outlined in this statute and regulations.				
Mandated Benefits					
KRS 304.17A-527(1)(a)	**Hold Harmless** – A clause for managed care plans provides that a member is not responsible for payments to a provider under any circumstance, as outlined in this statute.				
KRS 304.17A-270	**Any Willing Provider** – A clause allowing any provider who meets the terms and conditions for participation to become a participating provider in accordance with this statute.				
KRS 304.17A-525(2)	**Soliciting Applications for Provider Participation** – A clause allowing all providers who desire to apply for participation in the plan the opportunity to apply at any time during the year or annually, as applicable.				
KRS 304.17A-527(1)(b)	**Continuity of Care** – There must be a provision for the continuity of care in all agreements in case the provider is terminated for any reason, other than for a quality of care issue or fraud.				
KRS 304.17A-527(1)(c)	**Survivorship** – There must be a provision that states the hold harmless and continuity of care shall survive the termination of the agreement.				
KRS 304.17A-728(1)	**Products/Markets Identified** – A provision identifying the products and markets applicable to any discount as provided in the contract.				
KRS 304.17A-726	**Payment of Claims** – Claims must be processed in accordance with this statute.				
KRS 304.17A-527(1)(e)	**Subcontract Agreements** – A clause in the provider agreement that if a provider subcontracts with another provider to provide services, the subcontract must meet all the above provisions and be filed with the Department.				
KRS 304.17A-527(1)(d)	**Fee Schedule Disclosure** – A clause requiring the insurer, upon request, to provide or make available to a participating provider the payment or fee schedule or other information sufficient to enable the provider to determine the manner and amount of payments under the contract prior to final execution or renewal of the contract and provide any change in such schedules at least 90 days prior to effective date of amendment.				
KRS 304.17A-577(2)	**Changes to Fee Schedule** – Any change to payment or fee schedules shall be made available to providers at least 90 days prior to the effective date of the amendment.				
KRS 304.17A-578(2)	**Material Change to Agreement** – If an insurer issuing a managed care plan makes a material change to an agreement with a provider, the insurer shall provide at least 90 days				

PROVIDER AGREEMENTS (HEALTH BENEFIT PLANS) CHECKLIST (continued)

(Checklist must be submitted with filing – attach as a PDF if filing electronically via SERFF)

Statute/Rule	Description	Yes	No	N/A	Page #
	written notice of the material change.				
	Terms and Conditions – Any terms and conditions an insurer requires a provider to meet for participation in the provider network must be filed with the Department for review.				
KRS 304.17A-578(3)	**Option to Withdraw** – A participating provider, who opts to withdraw following notice of a material change to the agreement, shall send written notice of withdrawal to the insurer no later than 45 days prior to effective date of material change.				
KRS 304.17A-578(4)	**Prior Auth, Pre-Cert, Referral** – If an insurer makes a change to an agreement that changes an existing prior authorization, precertification, notification, or referral program, or changes an edit program or specific edits, the insurer shall provide notice of the change to the participating provider at least 15 days prior to the change.				
KRS 304.17A-705(2)	**Pharmacy Benefits Administrator** – Any contract between an insurer and its pharmacy benefits administrator that requires claims to be submitted electronically shall require that payment is to be made electronically to the participating provider or its designee for clean claims submitted electronically or if electronic payment is requested by the provider.				
KRS 304.17A-705(3)	**Participating Pharmacy** – Any contract between an insurer and a participating pharmacy or its contracting agency that requires claims to be submitted electronically shall require that payment is to be made electronically to the participating provider or its designee for clean claims submitted electronically or if electronic payment is requested by the provider.				
Prohibited Provisions					
KRS 304.17A-560	**Most Favored Nation** – No insurance contract with a provider shall contain provisions that allow the provider to have a better rate than other providers except where the Commissioner has determined that the market share of the insurer is nominal.				
KRS 304.17A-530	**GAG Rule** – A managed care plan may not contract with a health care provider to limit the provider's disclosure to an enrollee of a medical condition or treatment options.				
KRS 304.17A-150(4)	**All Products** – An insurer may not require a health care provider, as condition of participation in a health benefit plan; to participate in any of the insurer's other health benefit plans.				
KRS 304.17A-532	**Hospitalist** – A provider contract shall not require the mandatory use of a hospitalist.				
KRS 304.17A-728(2)	**Discounted Fees** – An insurer or entity shall not reimburse on a discounted fee basis unless the disclosure is provided in the contract.				
KRS 304.17A-525(4) & KRS 304.17A-270	**Termination Without Cause** – An insurer may not reserve the right to terminate a provider contract without cause.				